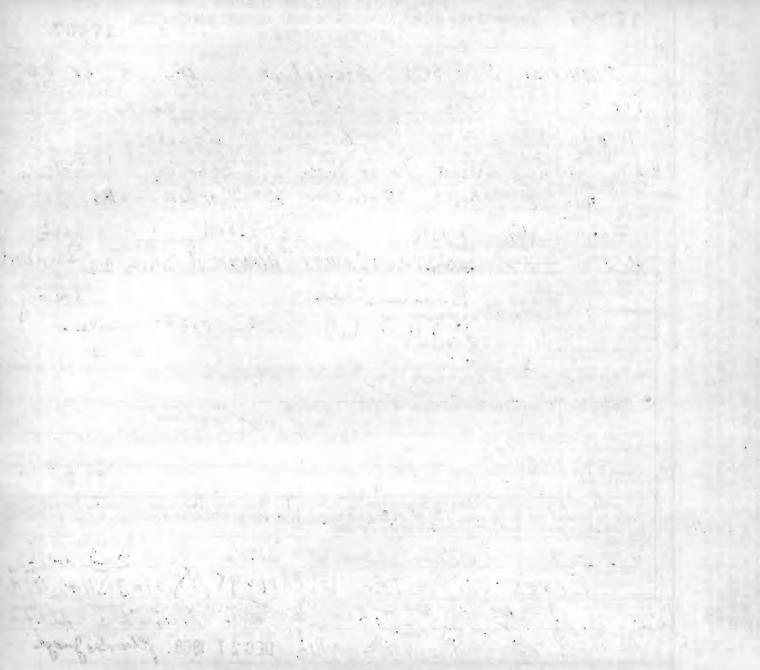
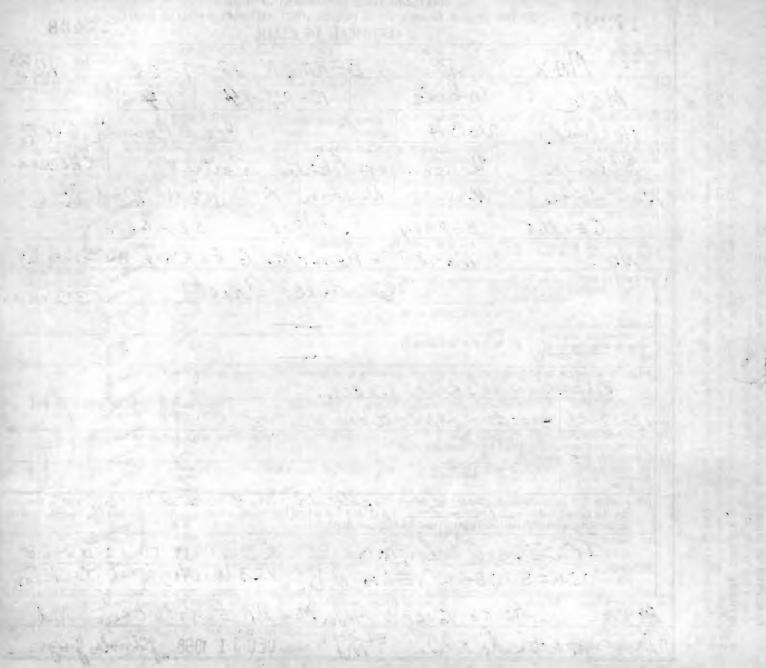
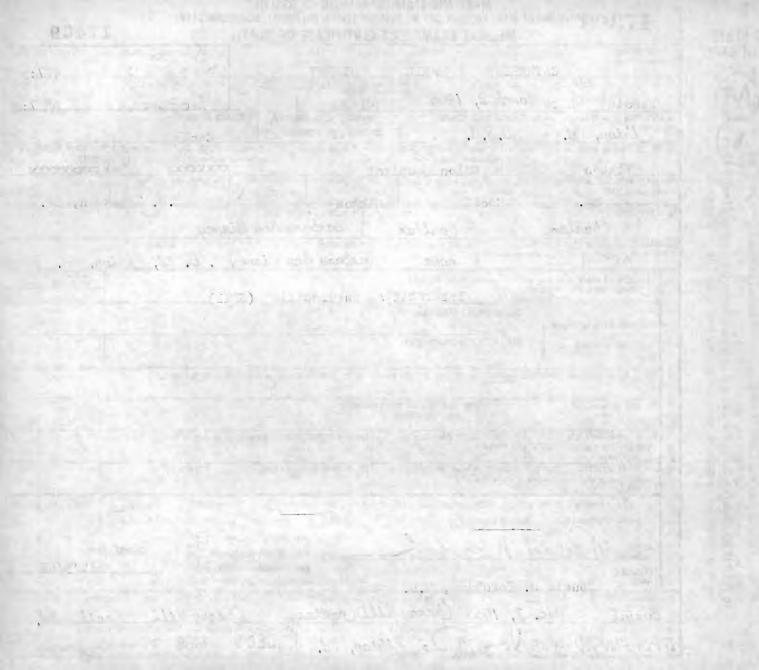


			MARYLAN	ID STATE DEPARTN	MENT OF HEALTI	H		
1-		17396	DIVISION OF VITAL RECORDS,	301 W. PRESTON ST.	REET, BALTIMORE,	MARYLAND 21201	2 MAY 2 23 S	
4				CERTIFICATE OF	DEATH		1740	7
4 _ 74	1. D	ECEASED-NAME First	Middle	Last	2a. D	ATE OF DEATH		2b. HOUR
r deoth runeral 1 ond er deoth	(ype or print) CATheri	ne ELizabeth	BACIGA	Luna	A Month Do	Yebr 68	8:31 PM
fun Fer c	3. S		4. RACE	S. DATE OF B	IRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
he ages s offi		Female	white	4-	-1-92	last birthday) "76 YRS	MONTHS DAYS	HDURS MIN.
24 bours after deoth. 124 bours after deoth. 72 hours after deoth.		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAI	RRIED 9. COUN	ITY OF DEATH		
3. 点彩		11,400	USA		RCED 🗌	Gecil		Md.
O Swithing	10.	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in hospital	12a. USUAL OCCUP	PATION (Kind of work dane arking life, even if retired.)	12b. KIND OF E	JUSINESS OR
3 390	12-	VISING OUR	ed lived, if institution: Residence before	13c CITY OR TOWN	D D	O MESTIC	-	
s executed with some complete with a complete carbon n ony event, with	adm	ission) STATE Md.	13b. COUNTY Cecil	Rising Sun	YES NO	21 hale view	Ad,	
ond remo	14.	ATHER'S NAME First	Middle Lost	IS. MOTHER'S M	AIDEN NAME First	Middle		Last
be nor din din		2.0 pu	K. Kelly		ELIZADO	th ,	hA	he
Page 4 may be retained by the haspital or attending physician. Page 3 may be retained by the haspital or ottending physician. Co FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filledirector, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon pashould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	160	WAS DECEASED EVER IN U.S. ARM (es, ng, or unknown) 101 yes give w	AED FORCES? rear or dates of service) 330-54-	NO. 17 INFORMANT	+ MANON	M. H. Mis	ings	unInd
ng p The		18. CAUSE OF DEATH (Enter on	ly ane couse per line for (a), (b), and (c)	.)				NATE INTERVAL SET AND DEATH
atendi attendi permit. ion, or re		PART I. DEATH WAS CAUSE!	ATE CAUSE (a)	mountage			16	Lay,
atte d		4/29	DUE TO, OR AS A CONSEQUENCE OF	3 . "	0.5	ONTO.	0	- 0
the the user the mating	L	Conditions, if any, which gove nise to immediate cause (a),	(b) A.J.H.	1. 1 Nen	mary	store.	- Chi	
equires that the physician. signed by the burial-tronsit burial, cremat		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		•			
uires nysic jned rial	1	DART 2 OTHER SIGNISICANT CON	(c) IDITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TERMINA	I DISEASE OD CONDITION	N CINCH IN DART 1(-)		
v required by the purious of the purious to but	3	4200	OHIONS CONTRIBUTING TO DEATH BUT IN	OF KELATED TO THE TERMINA				
lay tend tend is be os t	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
The rotte or has one o	ER	21g. ACCIDENT WAS UNDERLYIN	A Lay This or hilling	YES	NU (2)		4. 101	
IAN:		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day Year		EURRED (Enter nature	of injury in Part 1 ar Part 2	, Item 18.)	
rspit Sspit Sertifi Ted t. of	MEDICAL	(If either, notify medical examination 21d, INJURY OCCURRED 21e.	PLACE OF INJURY (AT HDME, FARM, STREET, FA		et or R.F.D. No.	City or Tawn	County	State
the horthis detacle		at wark at work			01 U1 K.1.10. 1194.	City of Tawn	coomy	31010
by Affrer Stor	ш	22a. I certify that (I) (th	is hospital) attended the deceas	ed from 1968, and that in m	19, t		thot	
ould out the		couses stated above	e, (I) (we) (did) (did not) view the	bady ofter death.	ng (our) opinian a	eam accurred on the d	are alla haor (ma mani me
W HE GE BE	П	22h SIGNATURE	0 -0	ATTENDI	NG MED. DIRECTOR	C STAFF C 1	DATE SIGNED	()
DIR DIR		22d. PHYSICIAN'S	W Seiter	ATTENDE PHYS. 22e. ADD		U PHYS U	sec 2	2,61
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospital or attending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to		NAME (Type) EYN	lest W. Sei	ter 28	Cherrys	TINISING	Suw,	Md.
Poge 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crease	230	BURIAL, CREMATION, 23b.	PATE 93/968 23c. NAME OF	CEMETERY OR CREMATORY	ENE 18 7	OCAHON (City or Town)	(County)	(Stote)
VR A15 (4) 30M REV. 1/68	24	Omenal Director	Mullen SiN	9 SUNNI	250, REC'D BY REGIST	rar 1968 REGISTRAR	S SIGNATURE	egk.
	-							





p/ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
7		17308 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	17409
FOR STATE		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWNES Month (Type or Print)	Doy Yeor 2b. HOUR
ta ta	L'	CATHERINE MARIE BIRNEY DEATH MATED 12	4 19687:p M
deloy 3 3 of	3. \$		Yeor 2d, HOUR
la de la la de la		Female White March 2, 1968 YRS. 9 December 4	19 68 7:pM
À N'	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
fe D Te Te	(OUI	only) Elkton, Md. U.S.A. WIDOWED DIVORCED Gecil	Md.
Poorth (1)	10.	CITY OR TOWN OF BEATH 111 NAME OF HOSPITAL OR INSTITUTION (It not in hospital 120, USUAL OCCUPATION (Kind of work done 1	12b. KIND OF BUSINESS OR INDUSTRY
iter death Give Pages ang with fa th the State		Elkton Union Hospital XXXXXXX	XXXXXXXXXX
haurs after de Item 18. Give f Office alang w I and 2 with the after death.	130.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 w del	C	odmission) STATE 13b. COUNTY PES NO X R.D. 2 E1	kton Md.
24 haurs a' in Item 18. r's Office al	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
S of s		Charles Coulter Barbara Ann Birney	
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
d within in pencil Examine File pag n 72 hau	1	Yes, no, or unknown) (If yes give wor or dates of service) none Barbara Ann. Birney R. D. #2, Elks	
should be executed with neward "pending" in perate thief Medical Exar burial-transit permit. File in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mit with		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Interstitial pneumonitis (SDII)	
Mec pel		4844 DUE TO, OR AS A CONSEQUENCE OF	
De (Conditions, if ony, which gove	
E P C P A		rise to immediate couse (o). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
wc wc the urial		last.	
LAL EXAMINER: This certificate should be executed execute the certificate, writing the ward "pending" in ar. Page 4 shauld be farwarded to the Chief Medical E. of far your files. 10R: Page 3 should be used as a burial-transit permit. Fourial, cremation, or removal, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
fical ing ded as (7700	525 X	
rertil arwar used mava	ATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
far far	CERTIFICATION	WAS PERFORMED?	YES NO
		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, It	em 18.)
erti bould an,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
Sho sho	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
JTY DICAL EXAMINER: Iny, please execute the certificated director. Page 4 shauld be retained for your files. RAL DIRECTOR: Page 3 should prior to burial, cremation,		WHILE AT WORK AT WORK of foctory, office building, etc.)	
L EXALI Page (ar yau (ar yau (R: Pagi		220. I certify that I taak charge of the remains described above, held an Autopsy 💢 Inspection 🗌, Inquiry	and in my opinion
CTO G. CAL		deoth resulted fram: Notural causes XX, Accident , Suicide , Hamicide , Undetermined manner	
please I direct retaine DIREC		CHIEF MEDICAL EXAMINER	
ad be a raina		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
ury, any, here pe		EXAMINER'S DEPUTY MEDICAL EXAMINER	12/5/68
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health priar to burial, crem		NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county)	
the Her	230	D. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
			ecil M
	24	FUNERAL DIRECTOR 250. RECO BY REGISTRAR 25b. REGISTRAR 2	SIGNATURE
VR A15ME (5)	PI	PPIN FUNERAL HOME Demuse De Elkton, Md. DATE DEC 9 1968 your	res frages
01-06314 1			0



Marketon W. State of the State - STANSIL ATT COUNTY X ... ACIL B. Blance of Alexander T Can Late State State State State Chilles (hopers ... 30.000 About it placed a and prematurity dates Report 3 doubt sectorion Shoulder personations, Delivered by assessed and actionships 12-11-61 12-18- 68-11-61 William 29 - Var 129-64 Tillman Dulinson to Day Smarty that Electron and WALLE TO THE CONTRACTOR SERVE PERFORMANCE AND Development Company of the Company o

1 1	DECEMEND & LINE		CERTIFICATE OF DEATH		17411
	DECEASED-NAME First (Type or print) CARI	Middle C	lost BROOKS	20 DATE OF DEATH Month 12 Day	23 Year 68 10:50
3.	SEX	4 RACE	S. DATE OF BIRTH		IF JINDER I YEAR IF LINDER 24 HRS
	Male	Negro	8-3-04		AONTH'S OAYS HOURS M'N
.7a	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
200	Virginia	U.S.A.	WIDOWED DIVORCED	Cecil	Md
	CITY OR TOWN OF DEATH Perry Point	11 NAME OF HOSPITAL OR INS give street oddress) Veterans Ad		OCCUPATION (Kind of work done if of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY Unknown
/ / jodr	o USUAL RESIDENCE (Where decease mission) STATE of Columbi	d lived, if institution. Residence before	13c CITY OR TOWN 13d INS.DE CITY . M Washington YES NO	152 13e STREET AND NUMBER	
	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME Firs		Lost
	Joseph	1 (D) Nan:		dowell (D)
160		or or ddtes of service) 577-07-6	079 VA Hospital R	ecords, Perry Po	oint, Md.
	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one couse per line for (o), (b), ond (c) By Wentrical	r fibrillation wit		DETWEEN ANGEL AND DEATH
	IMMEDIATE IMMEDIATE	TE CAUSE (a)	TANTALANIAN MIC	Transfer 1	Badacii
	Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF	hrombosis, acute		sudden
	nse to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	11 -11 -11 -11 -11 -11 -11 -11 -11 -11		
	last.	(4)			
	PART 2 OTHER SIGNIFICANT CONF	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)	-
2	Dishetes	Mellitus			
CERTIFICATION	19a. DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
TERT	210 ACCIDENT WAS UNDERLYING	G 216. TIME OF INJURY	YES NO	noture of injury in Part 1 or Part 2, lite	on 10)
MED CAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year er) P.M. 15			
2	While Nat while at work of work		10RY.) 21f LOCATION Street or R.F.D. No	City or Town	County State
	psystem in the property of the	(NEX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d from March 6 , 19 6 PXXX and that in (my) (aur) apin	8 , to Dec. 23 , 19 6 on death accurred an the date	and hour and from the
	couses stated abave, 22b SIGNATURE	(I) (we) (did) (did not) view the	oody after death.		TE CLONED
	ZZD SIGNATUKE	MA 200	DEGREE PHYS DIR		TE SIGNED 2-24-68
			. I DEGREE BHAY IIIK	ECTOR L PHYS LXC L	.C-CT-00
	22d PHYSICIAN S	Moorley M			
	22d PHYSICIAN S NAME (Type) A. I.		22e ADDRESS	al, Perry Point	, Md.
730	NAME (Type) A. I.	MOONEY, M.D.	22e ADDRESS VA Hospit LEMETERY OR CREMATORY	23d LOCATION (City or Town)	, Md . (County) (State)
	NAME (Type) A. I.	MOONEY, M.D. 23c NAME OF Harmo	22e ADDRESS VA Hospit	23d LOCATION (C ty or Town) Maryland	(County) (State)

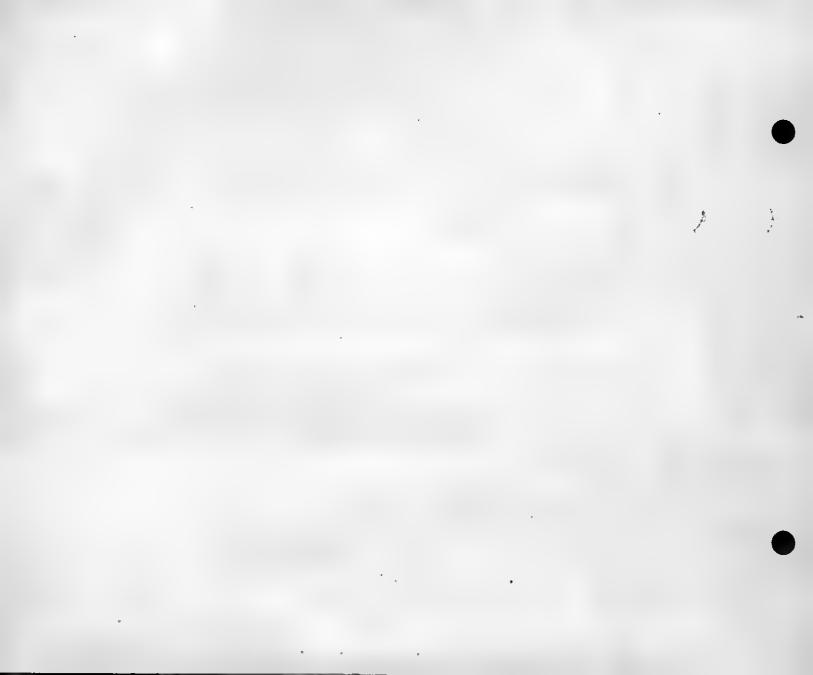


	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1-11		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	W 2 A W
XP /		CERTIFICATE OF DEATH	7412
북 무값복		DECEASED-NAME First Middle Last 20. DATE OF DEATH	2b HOUR
\$ 6 5 8	'	(Type or print) Harry Clemson Caldwell 12 Month 19 Day (EYear 1024P.W
a (AZ)	3. 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF)	UNDER 1 YEAR IE UNDER 24 HRS
The low requires that the death certificate be executed within 24 hours after death ottending physician. has been signed by the attending physician and completely filted in by the careful se as the bariol-transit permit. Then please remove carbo, agages Piges Land 1 th prior to burial, cremation, or removal, and in any event, within 1 hours attendent	L	VIAY 23, 1845 73 YRS.	NTHS DAYS HOURS MIN
hou hou hou	/0 cou	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Z - C	L	EIKton, Md. U.S.A. WIDOWED DIVORCED (ec.1)	Md
in #	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USJAL OCCUPATION (Kind of work dane	126 KIND OF BUSINESS OR
d with letely orbant, with	L		hemical
ed wit pletely corba ent, w	13a.	a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE OF UMITS? 13e. STREET AND JUMBER	
e executed and compl remove on any ever	Odin	mission) STATE Md. 136 COUNTY Cecil EIKton YES NO 132 E. High	Street
and c	14	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	Lost
equires that the death certificate be executed was physician. Signed by the attending physician and complete buriol-transit permit. Then please remove corburial, cremation, or removal, and in any event,		Edward J. Caldwell Richie	Denney
icate b isitian please 1, ond i	160	NO WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address	,
h certificate b ing physician Then please removal, ond i		Yes po grunknown) (1 yes give wor and other of service) 212-03-4187 Mrs. Arrice D. Caldwell EIK	ton md-
g p		RE CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)	APPROXIMATE NILRYAL
두 출발		PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
ne death aftendi permit		4339 DUE TO, OR AS A CONSCOUENCE OF	1 200,
the o		trade to the second sec	10000
101 112 113 113 113 113 113 113 113 113 11		rise to immediate cause (a).	LO TOL.
s tho cian. d by tron		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
he low requires that the ottending physician. has been signed by the se os the boriol-tronsity in prior to buriol, cremati			
Per		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ding ding the	S	13710 nataphaemoria	
the low rottending has been se os the h prior to	2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	DERED IN CERTIFYING
다 가 하는 하는 다 가 하는 것이 되었다.	CERTIFICATION	YES NO ET CAUSES OF DEATH?	
YSICIAN: nospital or certificate thed for u			. I B.)
Dia File	MEDICAL	(If either, notify medical examiner) P.M. 19	
D HOSPITAL OR ATTENDING PHYSICIAN: The low report of may be retained by the hospital or ottending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to	Ξ	21d. INJURY OCCURRED While Not while 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. CITY OF TOWN CITY	ounty State
G PH the h		di waik di waik	
d by t After d be c		220. I certify that (1) (this haspital) attended the deceased fram 200. (0, 1968, to 200. 19. 19.	est that (I) (we) last
R: /		saw the deceased alive on (2) 19 (2and that in (my) (our) opinion death accurred on the date causes stated above, (1) (we)(did) (did nat) view the bady after death.	and haur and from the
ATTENDING etained by th CTOR: After th should be de ith the State		22b. SIGNATURE 22c. DATI	CICNED
OR ATTENT OR ATTENT be retained DIRECTOR: A e 3 should ed with the		A MORAL DE LA CONTRACTOR DEL LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACT	1.19,1968
M V b		22d. PHYSICIAN'S) 22e. ADDRESS	- Carron
7. PIT. PIT. PIT. PIT. PIT. PIT. PIT. PIT		NAME (Type) Edgar E. Folking IITS Auc. "A", Perry Pour	t. Md.
TO HOSPITAL OR ATTEN Poge 4 may be retained for FUNERAL DIRECTOR: director, poge 3 should should be filed with the	230	DILL OPPLATOR 20 DAY	
H O O O O O O O	ica	REMOVAL(Speyly) 7 - 22 1018 EINT	County) (State)
F-F 8	24	CHICAL DIRECTOR	NATURS .
VR A15 (45M - 1/69	1	THE THE TOTAL STATE OF THE STAT	his freezes.
42/H - 1/ 07	11	IDDIN I CINCEPAL MORICOUS GOLING TO LIKION, MAY	1,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17413 CERTIFICATE OF DEATH death. The low requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral love corbon papers. Pages-1 and y event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY b. COUNTY Maryland Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Elitton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 216 Hollingsworth Hospital NO TE Cecil County YES and completely til NAME OF Middle 4. DATE Month Lost Dov Year DECEASED OF DEATH 19 68 12 (Type or print) 1975-Helen Coffin SEX IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH AGE (n years 7. MARRIED JCT NEVER MARRIED lest birthdoy) Hours Female White and in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
LOUS CYLIFE INDUSTRY COUNTRY? Cecil Maryland offending phyfic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, ar removal Ernest Moore Annie Short 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Lorman Coffin Jr. (Son) Same 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (t).

PART I DEATH WAS CAUSED BY-INTERVAL BETWEEN signed by the burial-tronsit p 1 ONSH AND DEATH Acute Cardiac Failure IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO 2-Years Emphysema Conditions, if only, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO RET 20₀ ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) ot work ot work 2). I certify that (I) (this shospital) attended the deceased from 10/19/ 19_68 that (1) (was last 1968, and that death accurred at 6 AM, fram causes and an the date stated above saw the deceased alive an_ 220 SIGNATURE 22b DATE SIGNED ATTENDING STAFF 罗 trues DIRECTOR ADDRESS PHYSICIAN'S James iii; h St., Ell.ton Cecil ohnson 1. D. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Elkton. Md. Elkton Cemeterv 24. FHINERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR ADDRESS/ VR A15 (4) 20 M 1/66 DATEC -Elkton. Md.



2	1	MARYLAND STATE DEPARTMENT OF HEALTH TO THE DEVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	414
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month D	Doy Year 2b HOUR
3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(Type or Print) FELIX COLLAZO OF ESTI-	21 196895 M
y delay	3 5	M W 10/10/46 20 YRS MONTHS DAYS HOURS MIN MONTH DOY 1	Yeor 1968 950 M
s 1, 2	70.	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH CECIL	Md
Give Pages ang with for th the State	10	(1) (The first of working life even if returned) IN	26 KIND OF BUSINESS OR
haves after of Item 18 Give Office along I and 2 with th		USUAL RES DENCE Where deceosed 1 yed, if institution, Residence before 13c CITY OR JOWN 13d INSIDE CITY CAMPITS? 13e STREET AND NUMBER	AGRICULTURE
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174 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17415 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First Middle Lost 20 DATE KNOWN TX Month 2b HOUR Yeor (Type or Print) detay is and 3 to M3. Page CLIFFORD GUY CONNER 19 68 DEATH MATED 6. AGE (in years SE JNOER 1 YEAR IF UNDER 24 HRS 2d HOUR 12,25 4 RACE 2c. DATE PRONOUNCED DEAD State Deportment 3. SEX S DATE OF BIRTH P.M.3. 6-3-20 1968 Male White 48 December 7a. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT GOUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, "fyntnuos DIVORCED [WIDOWED [CECIL 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL_OCCUPATION (Kind of work done J26 KIND OF BUSINESS OR dufing post of working the even of refired) Union Hospital Elkton 24 hours after 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN STREET AND NUMBER Office ato odmission) STATE 13b COUNTY in Item 18. Ceci1 Colora Johd 15. MOTHER S MAIDEN, NAME 14. FATHER'S NAME Middle should be forworded to the Chief Medical Examiner's 17 JAFORMAN 165 SOCIAL SECURITY NO be executed within 215-28-7500 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove nse to immediate cause (a). certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removai 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 210 EXTERNAL CAUSE WAS 2 b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should PR MARY OR CONTRIBUTING cremation. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection and in my apinion Inquiry Natural causes XI. Hamicide death resulted fram: Accident . Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER December 4, 1968 **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) BURIAL CREMATION 23d_LOGATION (Ctyror Town)

MARYLAND STATE DEPARTMENT OF HEALTH





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		MARYLAND STATE DEPARTMENT OF HEALTH
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MARYLAND STATE DEPARTMENT OF HEALTH

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7421 DECEASED NAME Lost signed by the attending physicion and completely fulled in by the funeral burial transit permit. Then please remove corbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death. 20 DATE OF DEATH 24 hours after death. 2b. HOU! (Type or print) December 3, THOMAS H. RIELDS, SR. 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR E JNDER 24 HRS lost birthdoy) MONTHS | Male Negro June 9, 1892 76 To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Cecil U.S.A. Maryland WIDOWED TX DIVORCED [IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working fe even if refired)

Trackman - Retired Perry Peint Hespital 130. USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JANITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY NO T Port Deposit 14 Race Street 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Last HANNA P. BROWN WILLIAM J. FIELDS 160 WAS DECEASED EVER IN L.S. ARMED FORCES? L6b. SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) 717 07 56 44 VA Records, VAH, Perry Point, Maryland IB. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c))
PART I. DEATH WAS CAUSED BY
Macsive my BETWEEN ONSET AND DEATH Massive pulmonary embolus Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Phlebothrombosis of deep leg veins, rt. side rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to Arteriosclerotic coronary heart disease with generalized debility 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED. 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 📆 NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item IB.) 21b. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While hot while of work 22a. I certify that (b) (this haspital) attended the deceased fram 10-21-, 19.68, to 12-3-, 19.68, that 20% (we) last saw the deceased alive an 12-3- 19.68, and that in 20% (aur) approximate death accurred an the date and hour and fram the be retoined causes stated abave 100 (we) (did) (100 or view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 12-3-68 M.D. DEGREE loonou PHY5 DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) A. L. MOONEY. M.D. Path. VA Hospital, Perry Point, Maryland 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (County) (Stote) Cokesberry .- Md Cokesberry Cecil BY REGISTRAR VR A15 (4) Perryville. Md. Patterson & Son

Figure 1 of the transfer of the second * . . . 3 10 10 10 11 11 Late Dei ore late the second -. .i x in the case the gain of a proper of a contract of the state of the state of the state of

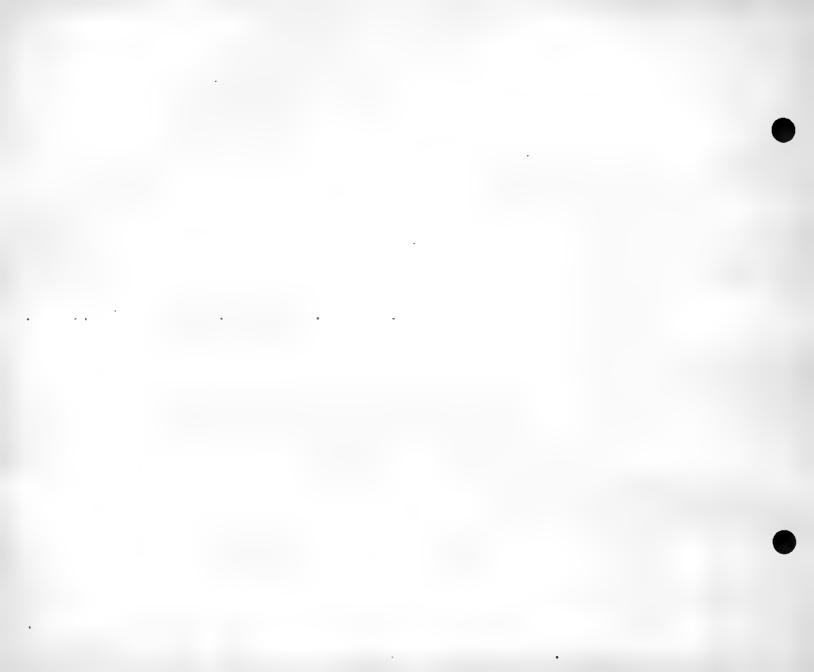


<i>(b)</i> 1	 	ams plysion of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	4 *4 4 6 5
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17423
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN TL Month	Day Year 2b. HOUR
any delay is 2, and 3 ta PM3. Page	((YPE OF PRINT) CLARENCE GOAD OF ESTI DEATH MATED 12	5 1968 11-4
Pod 3	3 5	4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
P 5 SW E T	_	Male White leb. 7.1912 56 YRS. December	7eor 19 68 11 4
2, E		BIRTHPLACE (Stote or Toreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
de for		TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION ALL DOT IN-BOSED TO 120 US. AL OCCUPATION (Kind of work done 1)	Md
r death any delay ve Pages 1, 2, and 3 3 with farm PM3. Po the State Department		give Orthodore / near North Easthamp most of working the even fretzed !!	26 KIND OF BUSINESS OR INDUSTRY
after death along with farm with the State Deeth.		USUAL RESIDENCE (Where deceased hyed, if institution: Residence before) a CITY OR TOWN 3d MS/02 CITY UM/157 13e STREET AND NUMBER	employee
of of of		drission) STATE Del. 106 (OUNEY., Castle Wilmington VES NO 824 W. 9th;	Q+
hours Office (Office of Jan 12)	14	ATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Lost
24 h		Harvey Goad Rosa	Bol't
⊊ ' <u>=</u> '_ 2 ' ∂	16a	WAS DECEASED EVER IN U. S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (If yes give wor or dates of service)	
n pencil Examine File pagg		Yes Wil 2 Ir. Edrar Goad, North East	25d
nould be executed with word "pending" in pen the Chief Medical Exam rial-transit permit. File p any event within 72 h		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
executed nding" ii Medical permit.		IMMIDIATE CAUSE (a) Hypertensive arterioscierotte cardio-	
be executed "pending" in nief Medical E ansit permit. Fevent within		1/20 DUE TO, OR AS A CONSEQUENCE OF vascular disease Conditions, if any, which gave	
ould b word " he Chi al-tran		rise to immediate couse (a), (b)	
should be e ne word "per to the Chief I burral-transit		lost (c)	
This certificate should cate, writing the word be forwarded to the Ch he used as a burial-fra r removal and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rfica ting rrde(as as	z	445x	
is certificate, writing forward a seed of removal	CATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AJTOPSY?
this one for the period of the	CERTIFICATION		YES NO 🗌
海中 프리	AL C	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 21L HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	n 18)
INER e cer shou files. 3 sha asha	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. Ng (-ty or Town)	County State
		WHILE NOT WHILE of foctory, office building, etc.)	tourny sigre
		220. I certify that I took charge of the remains described above, held an Autapsy XX, Inspection , Inquiry ,	and in my opinion
TY DICAL E. Y, please executed director. Page er estained for AL DIRECTOR: Prior to burial,		death reselted from Natural causes (X) Accident (), Suicide (), Homicide (), Undetermined manner (
please of directs retained to breche iar to be		CHIEF MEDICAL EXAMINER	_
ricl of Parising		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	
EPU) ssar fune ay b INER		EXAMINER'S DEPUTY MEDICAL EXAMINER 12/6/	68
TO DEPUTY DICAL necessary, please exemple funeral director. P 5 may be retained for TO FUNERAL DIRECTOR Health priar to buria	200	NAME (Type) Rdward F. Wilson M. D. ADDRESS(Street, city, town, or county) Burial, CREMATION, 23b Date 23c NAME OF CEMETRY OR CREMATORY 23d LOCATION (City or Town) (
101	Z30	ACMITAL INDUITING	(County) (State)
	24.	DUT'HT 12/3/68 Goad Cemetery Carroll Co. FUNERAL DIRECTORY ADDRESS 250 RECD BY REGISTRAR 250 REGISTRAR 5 SI	<u>Virginia</u>
VR A15ME (5)			as Judge



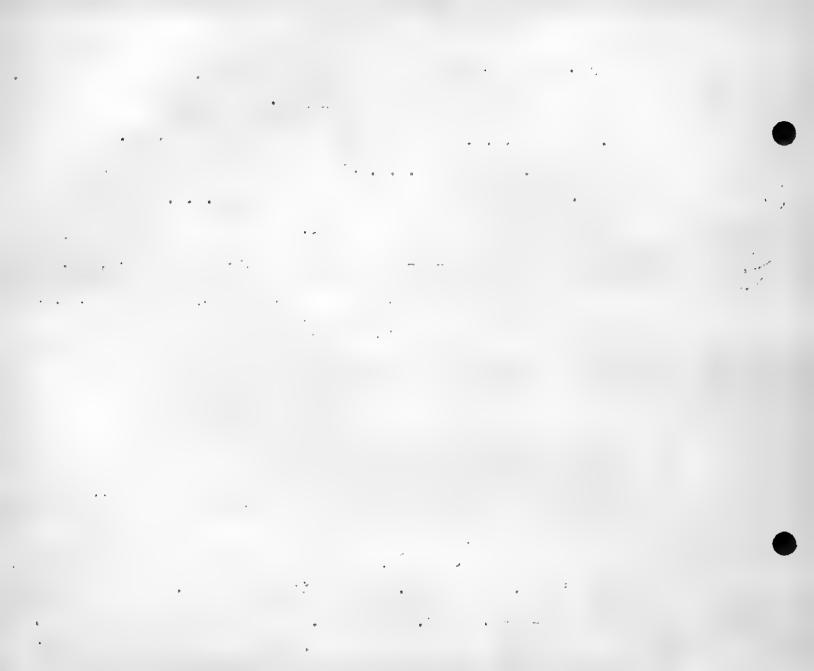


(LI)3.	, MARYLAND STATE DEPARTMENT OF HEALTH
110	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	重字基準 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17425
HEALTH DEPT.	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institut an Residence before admission)
is to the	Cecil Maryland 6. COUNTY Cecil
deloy and 3 M3. Pag tment o	
2, and 3 to PM3. Page partment of after death.	Write KUKAL and give nearest fawn)
	d NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street oddress) d. STREET ADDRESS e. S. RES. DENCE
ore De	ON A FARM?
	Union Hospital RD # 1 YES NO 3 NAME OF First A Middle Lost 4 DATE Month Day Year
after death 3 Giverage along with with the You	DECEASED AKA Grussenmeyer OF
after of Give along the swithin with the within	(Type or print) Albert Grussenhyer Death /2 - /9 - 19 6 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF LINDER 24 HRS
	Inst pirthday Months Days Hours Min
hours ltem 18 Office ond 2	M WIDOWED DIVORCED 1/12/1895 73 Yrs 10a SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CTIZEN OF WHAT
	during mast of working life, even if retired) INDUSTRY COUNTRY?
hin 24 millin miner's noony	Farming Farming Delaware USA 13 FATHER'S NAME CONSIDERATE OF THE MADDEN NAME
	Grussenmyer
Fire Fire and	Nicholas Grussenmeyer Anna May Meyer IS WAS DECEASED EVER IN LS ARMED FORCES? IS SOC AL SECURITY NO 17 INFORMANT Address
ii soll	{ (Yes, no, ar unknawn) }(If yes give war ar dafes of service)
xecuted nding" Medicol permit.	Yes WWI 218 18 8818 Mr. Joseph N. Mahoney Wilm. Del
ld be executed rd "pending" in Chief Medicol E transit permit. f	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSE! AND DEATH
shauld be e ne word "per o the Chief I buriol-transit mation, or re	IMMEDIATE CAUSE (a) HITCH'S SOCIAL SO
auk wor he iol-1	Canditions, if any, which gove) (b)
sh sh to the transfer of the t	nse to immediate cause (a),
g ti ed t ed t	stating the underlying cause
This certificate should teate, writing the word be forwarded to the Cf lee used as a buriol-tre to buriol, cremation,	, ,
certing, writh private or work burio	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN N PART 1(0) 19 WAS AUTOPSY PERFORMED?
This of the feet o	YES NO CI- 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lot Port Lot Pert Lot
	PRIMARY Or CONTRIBUTING
IINER: Thi te certificat should be files. 3 should be ent, prior to	CAUSE OF DEATH. 2 20c TIME OF NJLRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	Hour a m While Nat While factory street, affice bldg , etc.)
L EXA ecute Poge ior yau R: Pog	
AL exector Por Por Por Por Por Por Por Por Por P	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my apinion death resulted from Natural causes, Accident, Suicide, Homicide, Undetermined manner
se s	CHIEF MEDICAL EXAMINER
MR. directoring dark	ACTUAL 22 DATE SIGNED
AL AL	DEDITIVE MEDICAL EXAMINED
TO DEPUTY MEARAL EXAM necessory, please execute the funeral director Page 45 may be retained for your TO FUNERAL DIRECTOR: Page Health or its des gnoted age	EXAMINER'S NAME (Type) Tillman D Soliusen M.) Address (Street, city, town, or county) 123 Singerly Ave El Hadan
O DE neces the f	230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 a ± a 5 E	Burial 12/23/1968 Cathedral Cemetery Wilmington N.C. Del.
•	24 FUNE RAND RECORE. 250 RECURS ADDRESS 250 RECURS REGISTRAR 2 ST REGISTRAR S SIGNATURE
VR A15ME (5) 6M 1/66	William J. Warwick Newark, Delaware DATE JAN 3 1969 Charles Judge



1		17415	DIVISION OF VITAL RECOR		RESTON STREET, BAL CATE OF DEATH	*	12.100
64 %	1. DE	CEASED-NAME First	Middle		Lost	2a. DATE OF DEATH	2b. HOUR
ican and campletely filled in by the funeral faces remove carbon papers. Pages I and 2 and in any event, within 72 hours.		ype or print) Joseph		n H	aines	Dec. Month 8	Doy 1968 6A.M
4	3. SE		4. RACE		S. DATE OF BIRTH	6. AGE (In years	S IF UNDER YEAR SE UNDER 24 HRS.
		Male	Colored		3-6-18 6 1	Sost birthdoy)	YRS. MUNITIS DATS PRODUCT MEN
_	7a. B		76 CITIZEN OF WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
		Md.	U.S.A.	WIDOWED		Cecil Co. N	
		onowingo M	11 NAME OF HOSPITAL C give street oddress)		iot in hospital 12a USA #1 during 1	UAL OCCUPATION (Kind of work of most of working life, even if retir ADOY	done 12b KIND OF BUSINESS OR INDUSTRY Flintmill
. ^		USUAL RESIDENCE (Where deceose	ed lived if institution. Residence be-	fore 13c CITY OF			
7	admi	ssion) STATE Md.	13b. COUNTY Cecil	Conor		NO R.F.D. #	1
1	14. F	ATHER'S NAME First	Middle Lo		S MOTHER S MAIDEN NAME	First Midd	lle Last
		Joseph	<u>Hai</u>		Maria		Barnes
	ioa Y	WAS DECEASED EVER IN U.S. ARM	Annual design of the control of		INFORMANT Samuel Ha	Addre	
	-				Samuet he	aines Conowi	ingo. Md.
		1B. CAUSE OF DEATH (Enter and PART 1 DEATH WAS CAUSED	ly one cause per line for (a), (b), and BY	d (c) }	10:1	1 -4.	BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	and the	shall my	function.	- ZOLING
		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE	OFU A	240	V	5000
		rise to immediate cause (a),	(b)	: DE	211870		J.M.
		stating the underlying cause last.	(c)	. 01			
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED T	O THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
	75	4 7 1					
V	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?	CANCEL OF BEATING	INGS CONSIDERED IN CERTIFYING
\wedge	RTIF				YES NO [
	33	216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF GEAT	G 216. TIME OF INJURY H HOUR A.M. Month Day		OW INJURY OCCURRED (Ent	iter nature of injury in Part 1 or Pa	art 2, Item 1B.)
	MEDICAL	(If either, notify medical examin	ner) P.M.	19			
		21d. INJURY OCCURRED While Not while at work	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET FACTORY,) 21f. L	DCATION Street or R.F.D. N	Na. City ar Town	County State
		of work of work			(- (10	67 10 107 - 7	10 / V that //\ /ww\ last
		saw the deceased of	ive on 12-2	19 <u>6 & .</u> an	d that in (my) (our) o	pinion deoth occurred on th	, 19 6 g , that (I) (we) lost he dote and hour and from the
		couses stated above	e, (I) (we) (did) (did nat) view	the body ofter	deoth.		
		22b. SIGNATURE	ON DI	0	ATTENDING FOR	MED STAFF	22c DATE SIGNED
		Ne	VI Tay	DEG		MED STAFF DIRECTOR PHYS	12-9-68
1		22d. PHYSICIAN'S NAME (Type) Neil	R. Taylor J	24	22e. ADDRESS	Sun. Md.	
-	1720	BURIAL, CREMATION, 23b. I		OF CEMETERY OF		23d EOCATION (City or Town)) (County) (State)
	730 P			Zoar	Cem.	Conowingo	Cecil Md.
		FUNERAL DIRECTOR	a Clas Ail ADD	RESS	2So. REC D		TRAR'S SIGNATURE
D. A.	14	one and Ill	- Mulle Ris	ing Sur	1. Md		1. 1. 1

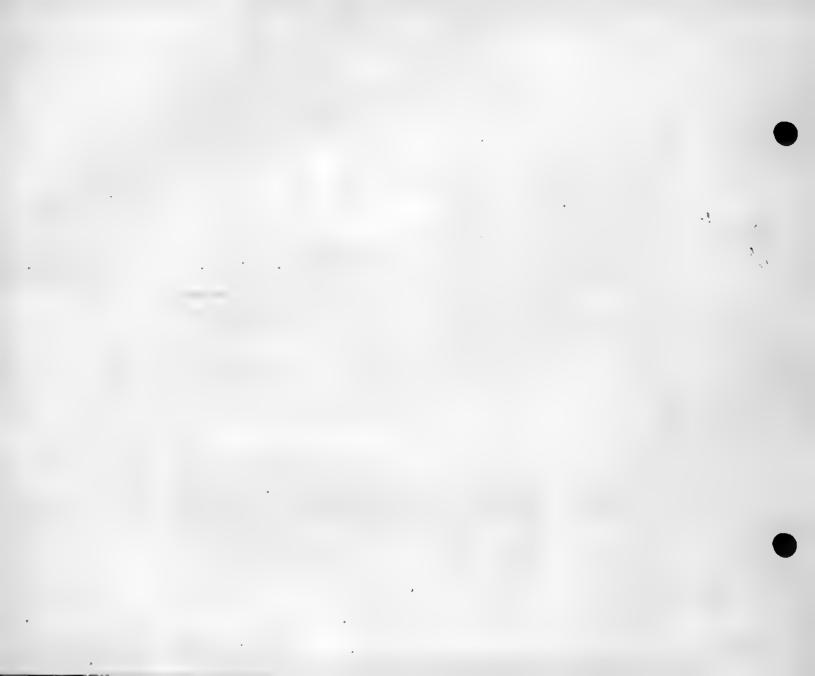
MARYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17428 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED NAME 20. DATE KNOWN Month Yeor 2b HOUR Nype or Print) ESTIiny delay is 2, and 3 to PM3. Page with the State Department of 196812:20a DEATH MATED 17 2 WILMER RANDOLPH HASSON 3. SEX 4 RACE S. DATE OF BIRTH * 6 AGE (In years 2c. DATE PRONOUNCED DEAD 2d HOUR December June 13,1903 19 68 12:20 White 65 YRS Male 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country WIDOWED TO DIVORCED | U.S.A. Cecil 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 24_haurs after death 12b KIND OF BUSINESS OR during most of working life even if retired.) give street oddress) Union Hospital E1kton 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR COWN 11ds 13d MISIOE CITY LIMITS? 13e STREET AND NUMBER after death 13b COUNTY odmission) STATE YES NO X Childs, Maryland 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Edward Harv Fasson Founds haurs pages please execute the certificate, writing the ward "pending" in pencil of director Page 4 should be farwarded to the Chief Medical Examine(4) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS This certificate should be executed within (Yes, po, or unknown) 212-03-5402 Morman H. Hasson, Fort Derosit urial-transit permit. File in any event within 72 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY Shotgun wound of the abdomen IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF used as a burial-transit Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0) burial, crematian, ar removal, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗔 NOXIX 3 should be 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21g. EXTERNAL CAUSE WAS 21b TIME OF UNIURY Month, Doy, Year PRIMARY OR CONTRIBUTING 12 19 19 68 Shot accidentally by son who was cleaning CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.)
Home 21f. LOCATION Street or R F D. No. his girryat the tim 21d INJURY OCCURRED AT WORK AT WORK Childs, Md. Cecil Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection XX Inquiry , and in my apinion Arcident XX. Suicide . Homicide Undetermined manner death resulted from Nátural couses CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED SIGNATURE 12/20/68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Edward F. Wilson, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION. 23b DATE (County) REMOVAL (Specify) Pernyville, Cecil, Md. Asbury Meth. Cemetery 256. REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR DAT DEC 3 1 VR A 15ME (5) Tunerals, Elaton, Id. 10M REV 1, 68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17429 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a COUNTY ÷0 deoth. CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RERAL and give nearest town) b CITY OR IOWN (if outside corporate limits, He RURAL and give nearest town) hours ofter ARW ICI OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Stote YES [3. NAME OF 4 DATE Month Day within 72 DECEASED OF DEATH the Type or print 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE n yeors lost birthdgy) Months Doys hours (DIVORCED event 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retured) In ony FATHER S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within puo 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) i(If yes give wor or dotes of service removal 212-14-0696 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY JO. IMMEDIATE CAUSE (o) ward cremotion, DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO storing the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: 1 35 Health or its designated agent, prior to 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCUPRED (Enter nature of njury in Port Lor Part Lof item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH IN +2002-A-7 20c TIME OF INJURY Month, Day, Year 20e PLACE OF NJURY (Home, form, (City or town) (State) offory, street, office bidg , etc) may be retained for your FUNERAL DIRECTOR: Page at work 21 I certify that/I took charge of the remains described above, held on Autopsy Inspection and in my opinion deoth resulted from: Natural couses Accident M. Surcide Homicide Undetermined monner the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ddress (Street, city, town, of county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMAT ON. (Stote) (County) Burial (Specify) Johntown Cemetery. Earleville, Dec.17.1968 Cecil Md. DEC 2 0 19 25b REGISTRAR S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Millington, Md. 21651 VR A15ME (5) Edward Fellows & Son. 6M 1/66



	1	MARYLAND STATE DEPARTMENT OF HEALTH A CODIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	400
HEALTH-DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month De (Type or Print) GEORGE William HUGHES DEC.7	1 23
death ony delay re Pages 1, 2, and 3 with farm PM3/Pages the State Department	3 \$	Male White Dec. 7, 1945 Months Days Hours M.N. Month Dec. 7	Year 19 683:00 p
arm p arm b	1018	BIRTHPLACE (Stote or foreign 7b citizen of what country? 8. MARRIED NEVER MARRIED 7. COUNTY OF DEATH STREET DIVORCED Cecil	Md
after death 3. Give Pages 1, olang with farm with the State Deeath.	ı	Elkton g ve street addressUnion Hospital during most of working life, even if retired.)	KIND OF BUSINESS OR DUSTRY LOgging
	130	Unk. 135-14. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER Darlington 15 I NOTE Unk.	
24 hours of in them 18 in them 18 is office of its office	. 14. 1	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle John H. Hughes Catherine C. Sch	lost
within 24 pencul in xaminer's ile pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) (Unyng my ordains of service) 213-42-3556 Mrs. John H. Hughes Darling	
be executed "pending" in itef Medical E. insit permit Fevent within		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (b) (b)	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
CAL EXAMINER: This certificate shauld be execute the certificate, writing the ward "per or Page 4 shauld be farwarded to the Chief I far your files. TOR: Page 3 should be used as a burial transit wirial, cremation, ar remayal, and in any even		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ificat tring arded I as c	NC.		
This certificate strate, writing the be farwarded to do be used as a b ar remaval, and	CERTIFICATION	196 DATE OF OPERATION 196. COND.TION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES 🔀 NO 🗌
建	MED.CAL CE	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Unk. P.M. 12-4- 1968 Drowning while duck hunting	
ICAL EXAMINER: e execute the certifor Page 4 should be for your files. CTOR: Page 3 should burial, cremation,	× /	WHILE NOT WHILE AT WORK AT WORK WATER Unk. Unk. Ce	Caunty State Caunty State M.D.
please ex please		22a. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection \(\), Inquiry \(\), death resulted from. Natural causes \(\), Accident \(\), Suicide \(\), Hamicide \(\), Undetermined manner \(\) ACTUAL SIGNATURE \(\) ACSISTANT MEDICAL EXAMINER \(\) X	
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr		NAME (Type) RONALD N. KOYND Lum, M.D. ADDRESS (Street, city town, or county)	mber 8,1968
5		REMOVAL4Specify)	County) (Store)
VR A15ME (5) LOM REV 1/68		John H. Harkins Delta, Pa. DEC 12 1968 folian	rles Judge

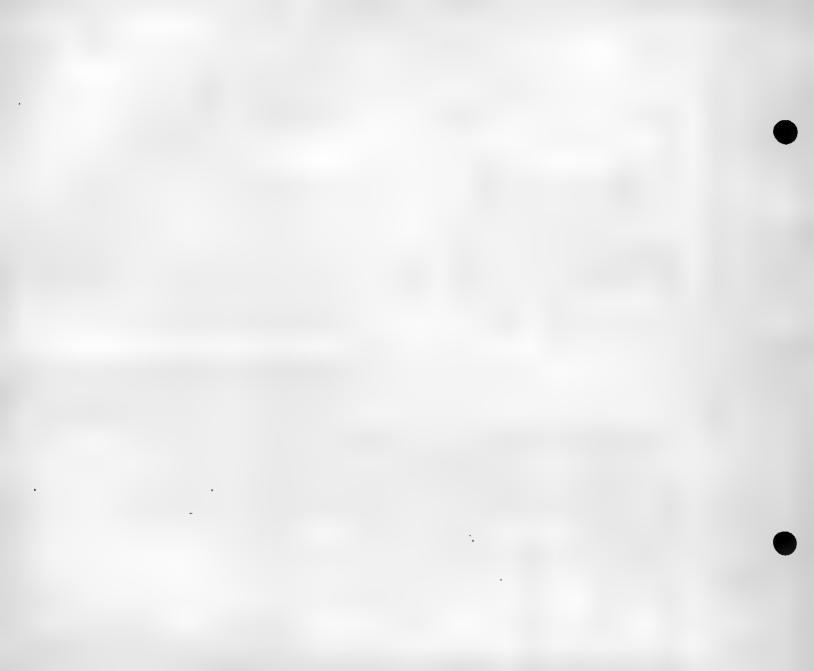


ē		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17431
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 n	
		Type or Print)
Page	3 5	State made
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ate st g the ed to s o bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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O DEPUTY CALLED IN THE CONTROL OF THE FORESTORY, please execution the functor large for possible		NAME (Type) HENRY VID ACTS MD ADDRESS(Street, city, town, or county)
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	B	CKIAL LANGE CECIATED
	24	FUNERAL DIRECTOR ADDRESS: MESA PEAK 250 REC BY REGISTRAR 256 REGISTRAR S SIGNATURE
VR A15ME (5)	IX	.T. FOARD FUNERAL HOME CITY MD DATE DEC 16 1968 followles Judge

MAKYLAND STATE DEPARTMENT OF HEALTH

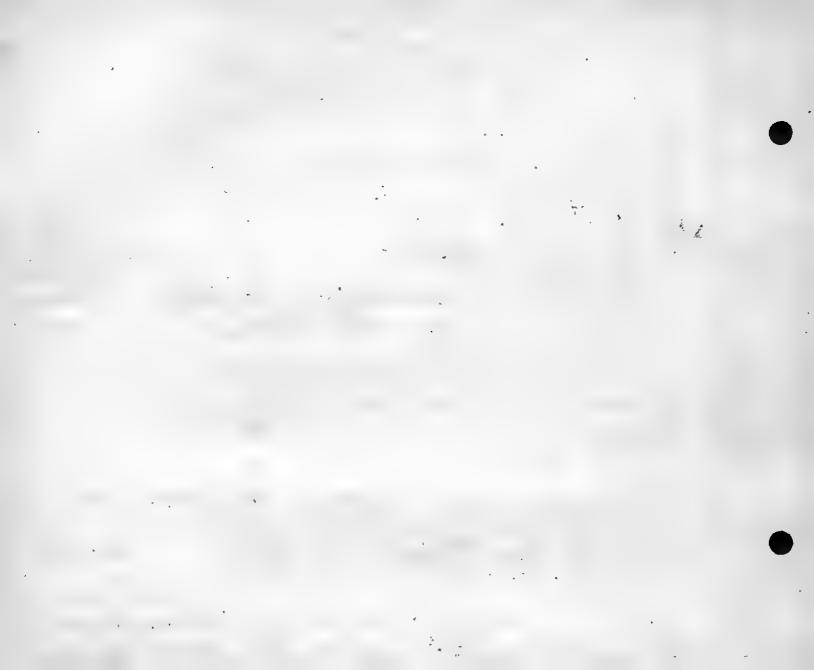


MARYLAND STATE DEPARTMENT OF HEALTH 1 7 1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17432 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1 DECEASED-NAME Middle 20 DATE KNOWN Month Lost Day (Type or Print) VERNON **JOHNSON** NED ny deloy is 2, and 3 to VPM3. Poge DEATH MATED X 12/14 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2r DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 36 YRS December 15 white male 7g. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [7] WIDOWED [Cecil 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 125-KIND-OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) Hospital dupag taost of working life, even if retired) e certificate, writing the word "pending" in pencil in Item 18. Give P shauld be farwarded to the Chief Medicol Exominer's Office olong wj E1kton 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c 417 OR TOWN 13d. INSIDE CITY OMITS? 13e STREET AND NUMBER 13b COUNTY Cecil admission) STATE Mary land YES NO 🔽 RD #1. Linton Run Road Deposit lond2 v offer IS MOTHERS MA DER NAME 14. FATHER'S NAME Last Tanual 1. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed within (Yes 60, or unknown) of was give was and atom feature) tralame within 72 1B. CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMIDIATE CAUSE (c) Multiple Injuries event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise ta immediate cause (a). in any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 17 64 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO IX 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Driver of õ 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY [XLOR CONTRIBUTING [burial, cremotion, 12/14/ 68 car, struck embankment, thrown from car CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)
Street 21f LOCATION Street or R F D Na 21d INJURY OCCURRED City or Town Stote AT WORK AT WORK Belvedere Rd & Rte. 40, Cecil, Md. 22a. I certify that I taak charge of the remains described obave, held an Autapsy , Inspection X Inquiry . and in my opinion Undetermined manner death resulted from: Natural couses , Accident X, Suicide , Homicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 12/16/68 **EXAMINER'S** Werner U. Spitz, M.D. ADDRESS(Street, city, tawn, ar county) 234 NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City of Town). READ BY REG STRAR 24 FUNERAL DIRECTOR 25b REGISTRAR 5 SIGNATURE 10M REV 1/68



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complete ave cark	13a odmj	USUAL RESIDENCE (Where of state and ary I and	deceased	lived, if institution: Residence before	13c CITY OR TO	WN 13d. INSIDE CITY		e STREET AND NUMBER		
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Page 4 may be retained by the haspital ar attending physician. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by infectional director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 ohd 2 should be filled with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.		Conditions, if any, which nise to immediate course stating the underlying colors.	CAUSED E IMEDIATE gave) (a), (ouse)	One cause per line for (p), (b) ond (c) SY. CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT NO	alu	E TERMINAL DISEASE OF	Lá Lí	Acad Diseas	APPROXIMATE INTERVAL BETWEEN PHOST AND DEATH A CAY 3 4 7	_ _
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ICIAN: pital ar rtificate d far u af Heal	MEDICAL CEI	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (If either, notify medical of	OF DEATH	21b TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW	INJURY OCCURRED (Ent	er nature of	injury in Port 1 or Part 2, Ite	em 18.)	
s PHYS the has this ce detache e Dept.	ME	21d. INJURY OCCURRED While Nat while at work	21e. PL	ACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC	ORY) 21f. LOCAT	ION Street or R F.D. N	,	City or Town	County State	
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may may RAL Pod be f		220 PHYSICIAN'S NAME (Type)	dse	ph G. Lanzi		22e. ADDRESS	177-1-	nn'edical	5 5 CO	
FO HOSPITAL Page 4 may FO FUNERAL director, pag should be fi	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. ĐA	TE 23c NAME OF	EMETERY OR CRE	MATORY r Memoris		CATION (City or Town) rk. Elkton,	(County) (State)	=
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after c	3 SE		4 R/			S. DATE OF BIRTH	6	AGE (In years		JNDER 24 MRS
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OSPI 3NER ctor,	22.6	E	23b DATE	N ROTHFEID,	OF CEMETERY O		23d LOCAT ON	erry Poin		/5000)
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	_	FUNERAL DIRECTOR		HOME - Perr		- 1/2002 250, RECD	BY REGISTRAR	256 REGISTRAR'S S		
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	c e e	10.	ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120 U	SUAL OCCUPATION (Kind of work do	ne 12b KIND OF BUSINESS OR	
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	s brons	CERTIFICATION	196 DATE OF OPERATION 196. CONDI	TION FOR WHICH OPERATION WAS PER		CALIFEE OF DEATHS	GS CONSIDERED IN CERTIFYING	
	The att	- ≣		*	YES NO	CAUSES OF DEATH!	101	
	ar are		210 ACCIDENT WAS UNDERLYING	21b TIME OF INJURY HOUR A.M. Manth Dov Year	21c. HOW INJURY OCCURRED (Er	iter noture of injury in Port 1 or Part	2, Item 18)	
	音楽楽芸	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	HOUR A.M. Manth Doy Year P.M. 19				
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	RATTENDING PHYS retained by the has ECTOR: After this ce 3 shauld be detache with the State Dept.		22o. I certify that (I) (this ho	spital) attended the decease	d from	67,10 /2-13,	1960 , that (I) (we) la	ıst
	A P P P P P P P P P P P P P P P P P P P		saw the deceased alive o	in /2-13-681	d from, 19 9, and that in (my) (eur) a oody after death.	pinion death occurred on the	date and hour and from th	ne
-	ATTEND etained CTOR: A shauld vith the			(we) (did) (d id not) view the l	oody after death.			
	A SE LE SE		22b SIGNATURE	11 05	ATTENDING 1550	MED STAFF	22c DATE SIGNED	
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	Page e fi		22d PHYSICIANS NAME (Type) 13/11771		22e ADDRESS	D = 7 =		
	SPI 4 m		usur (A) No. 1 A T T T T T	ord Eppes		k, Delaware		_
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	230	BURIAL, CREMATION, 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)	
	5 5 5 5 42	B	REMOVA (Specify) Dec 1		1 Cemetery	Cecil Count	y, Maryland	
	VR A15	24	FUNERAL DIRPCTOR	ADDRESS	2Sa REC'I	BY REGISTRAR 2Sb REGISTR	AR'S SIGNATURE	
	30M REV. 1/88	X	HITERS TOME 104	comerals on,	Maryland DATE UE	.043 1010	0 0	





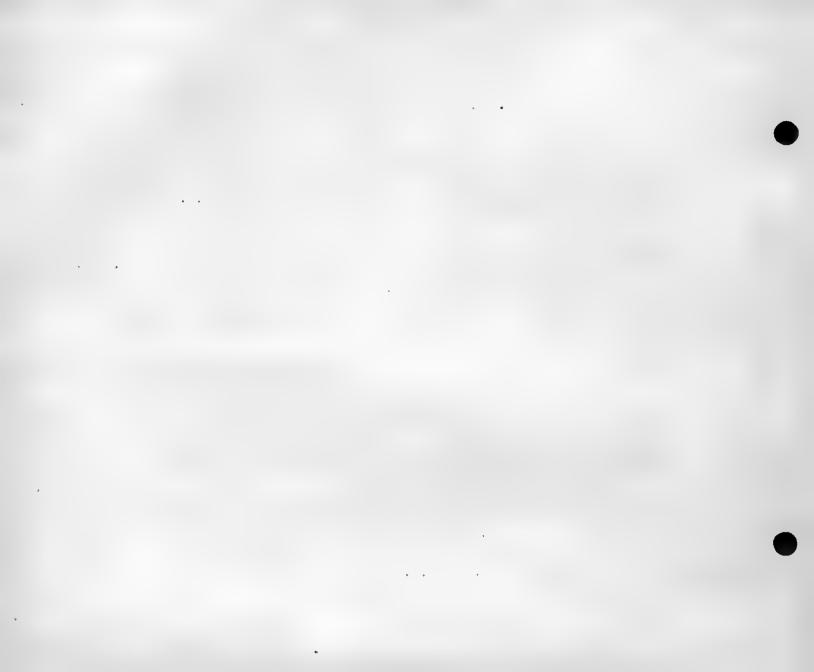


	1	MARYLAND STATE DEPARTMENT OF HEALTH
net "	Н	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4	L	CERTIFICATE OF DEATH 17439
£ (===		ECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR
affer death	1	Type or print) MARY FITT MUELLER 12 Month 20gy Year 8 435AM
F (2-7)	3 5	
th the Page	L	Thu Thu
Hours Pours	70, (00	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
Poper III 72		TOWA US WIDOWED DIVORCED LECIL MA
		THY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital dupling most of working life, even first red) 120 USUAL OCCUPATION (Kind of work done dupling most of working life, even first red) 120 INDUSTRY
OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely (i.e. 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon ed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, with	13o odm	JSJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d VISITE TO NUMBER 13c STREET AND NUMBER
con gave		CECIL FLRION IS NO 2101.4X R LIRCLE
and rem	14	ATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost
te b ian iase	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 12 LINFORMANT CO Address
ertificate by physician o en please aval, and II	1	(s, b), of unknown) (If yes give wor or dates of service) 214-32-2470 RAY (DON) MUELLER LIKTON, MITO
certi j ph hen nav	F	APPROXIMATE INTERVA
ding ding		PART I. DEATH WAS CAUSED BY
he death attendir permit. ian, ar re		1 Immediate Lause (a)
the are a present of the present of		Conditions of ony, which gave)
y th		nse to immediate couse (a).
d b		stating the underlying couse (c)
equires that the death con physician. Signed by the attending burial-transit permit. The burial, crematian, ar rem		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law requires th attending physician has been signed by se as the burial-traith priar ta burial, cre	.,.	17
law ndir bee s th iar t	100	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
IAN: The law retal or attending infecte has been far use as the far use at the feeth priartat	CERTIFICATION	YES NO CAUSES OF DEATH?
n ar		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hern 18)
CA State of the st	DICAL IA	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifica te 3 should be detached fail et with the State Dept. af He	WED	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town Country State of North Home of Nort
this det	Ι,	OT WORK OT WORK
be Stat		220. I certify that (1) (this hospital) ottended the deceased fram , 1968, to 1977, 1968, that (1) (well last
IR: A TENE		saw the deceased alive on
AT AT Short		270 SHGNATURE 22: DATE SIGNED /
OR DIRE		Olive Coche MED DIRECTOR DIRECTOR 12/2/168
TO HOSPITAL OR ATTENDING PHYSICIAN: The law repage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched far use as the should be filed with the State Dept. af Health priar to		22d PHYSICIAN'S John A. FISCHER 22e. ADDRESS (KTON, Md.
O HOS Page 4 O FUN Shauk	230	BURIAL CREMATION 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 2 W		- N/AL ///2/1700 - ANINO 1/1/2
VR A15 (4)	24	FUNERAL DIRECTOR 250 REG. STRAR 256 REGISTRAR S SIGNATURE
45M - 1/69	Ш	AURICE E. MEMNAMY. SON, EASTON, MD DATEDEC 27 1968 Schooles Judge

a se , - 13.

QIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 20 DATE KNOWNIX Month Year 2b HOUR (Type or Prent) ESTI-OF Roge JOSEPHINE NEASE MARY DEATH MATED IF JNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6. AGE fin years 2c. DATE PRONOUNCED DEAD 2d HOUR 11:45 Month December 30 white Nov. 5.1931 37 YRS 19 68 female pages 1 and 2 with the State Depart 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 9 COUNTY OF DEATH (ounty) Tennessee WIDOWED [DIVORCED [Cecil 10 CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR olong with give street oddress)
Union Hospital during most of working life, even if retired)
I Pactical Turse INDUSTRY Elkton "การจำกลา 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN ,3d INSIDE CITY , MITS? 13e STREET AND NUMBER 13b. COUNTY, 1 Elkton YES NO TY P.O. Box 45 er Soffice ofter 14. FATHER'S NAME First Last 15 MOTHER'S MAIDEN NAME First Middle Brnest Sims Charmie hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ie certificate, writing the word "pending" in pency should be forwarde≣ to the Cilief ™adicol Exambri (Yes, no or unknown) (If was give war or dates of service) Clinton Ray Mease. Elkton APPROXIMATE INTERVAL event within 18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF **Luriol-tronsit** Conditions, if ony, which gave rise to immediate cause (a). in ony This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remavol, CERTIFICATION used 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, NO X YES 🗔 þe 5 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should HOUR AZA PRIMARY DER CONTRIBUTING ತ cremotion, 12/2719 involved in automobile accident CAUSE OF DEATH 21e PLACE OF N.JRY (At hame, farm, street, foctory, office building, etc.)
Street 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County State AT WORK AT WORK Cecil, Md. buriol 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinion the furneral director death resulted from: Natural causes Accident X Surcide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER [X] SIGNATURE 12/31/68 DEPUTY MEDICAL EXAMINER Werner Spit **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMAT ON, 23b DATE 23d LOCATION (City or Town) (County) (State) Puring Pleasant Vale Cemetery Green County. Tenn. 24 FUNERALD RECTO 25a RECD BY REGISTRAR 2Sb REGISTRAR 5 S GNATURE 1969 VR A15ME (5) Tikt on. Crewitter Vergery or 10M REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH



200 L	-	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17441
HEALTH DEPT.	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Day Year 2b HOJR
		DECEASED NAME First Middle Lost 2a DATE KNOWN Month OF ESTI- MELVIN DERICKSON NUTTER DEATH MATED 12	18 19 68 9:18
2, and 3 to PM3. Page	3	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
A San de		Male White Aug. 27, 1906 62 YRS MONTHS DAYS HOURS M.M Month Dog Doy December 18	1968 9-18M
ENG (\$VI)	70.	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
fe for a fe		ontry) Virginia USA WIDOWED □ DIVORCED □ Cecil	Md.
MINER: This certificate should be executed within 24 hours after death the certificate, writing the word 'pending' in pencil in Item 18 Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form ur files. In 3 should be used as a buriol-transit permit file pages I and 2 with the State Demation, or removal, and in any event within 72 hours after defining.	7	give street address) during most of working life even if retired	12b KIND OF BUSINESS OR INDUSTRY
Sive	130	Elkton Union Hospital Merchant USUAL RES DENCE (Where deceased I ved, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
0000		admission) STATE Del. 13b COUNTY Castle Newark YES NO NO 1219 Notti	ngham Rd.
thours them 1 Office Tond 2	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
4 h 1 te 2 Of s 1 of s		Melvin D. Nutter Carrie	Derickson
hin 24 acil in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS N⊕	wark, Del.
l within n percil Exomine File pog		(Yes, no, or unknown) (Hyss gave wor or dates of service) Mrs. Viola F. Nutter 1219 No	
Pa de		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
executed nding is Medical permit it within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) <u>Arterioscleptic cardiovascular diseas</u>	e
expend f Me f Me f ment		4/29 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
d be chie		rise to immediate couse (o). (b)	
should be e te word 'per o the Chief I uriol-tronsit in ony even		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ICAL EXAMINER: This certificate should be executed with execute the certificate, writing the word "pending" in perform. Page 4 should be forwarded to the Chief Medical Exored for your files. CTOR:Page 3 should be used as a buriol-transit permit File buriol, cremation, or removal, and in any event within 72		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ficote ing 19 ded 1 as 0 as 0			
his certifiate, writh	CERTIFICATION	196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for for rem	18	WAS PERFORMED?	YES NO
Thicalification of the beautiful to the	1 68	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	em 1B.)
INER: Tiles should by files. 3 should labould	MEDICAL	CAUSE OF DEATH P.M. 19	
MIN the the tr fil	₹	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while not while factory, office building, etc.)	County State
		AT WORK LI AT WORK LI	
bical EXA please execute director. Poge retoined for yo. DIRECTOR: Pog or to buriol, cr		22a. I certify that I took charge of the remains described abave, held an Autopsy. Inspection, Inquiry	and in my opinian
blease ex director. etoined f		deoth resulted from: Natural causes XX Accident , Suicide , Homicide , Undetermined manner	
please e I director retoined		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED
UTY DIV. Be be RAIL	1	SIGNATURE OF THE PROPERTY PARTIES OF THE PARTIES OF TH	2/18/68
O DEPUTY necessary, please the funerol direct 5 may be retoin 0 FUNERAL DIRE Health prior to	Ž.	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	2/10/00
TO DEPUTY necessory, the funer S may be TO FUNERA Heolth pr	23	g BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d (OCATION (City or Town)	(County) (State)
		Burjal Dec.21,1968 Sharps Cem. Fair Hill, Ma	ryland
Λ.	24	ELNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR 5	SIGNATURE
VR ATSME (5)	J I A	Thouse Vacare & OCA DEC 23 1968 Colonel	en Cardie

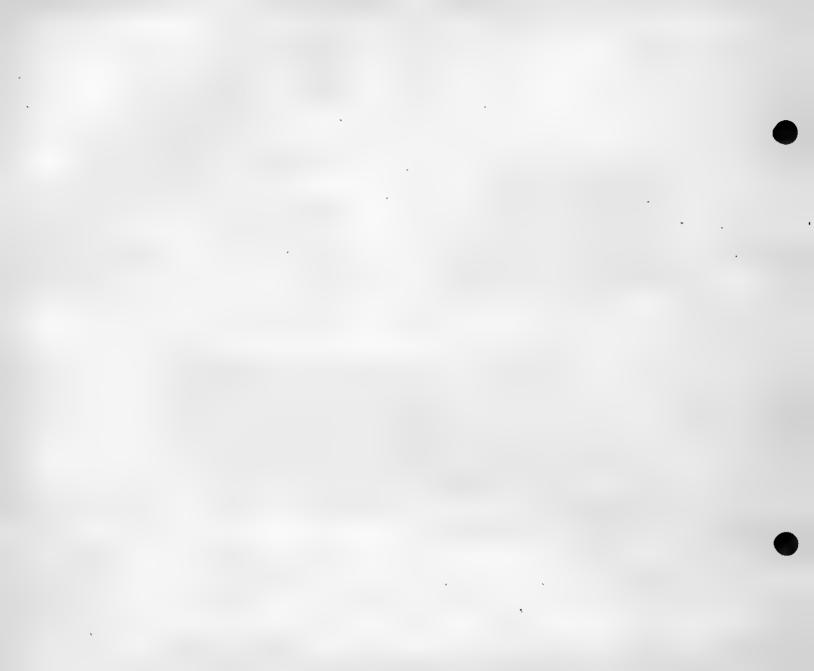


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FOR STATE		12/20/	AR4 MED	ICAL EXAM	INER'S CI	ERTIFICATE	OF DEATH		17442	
HEALTH DEPT.		ECEASED NAME Type or Print) T	First HOMAS	Midd ALA		Lost OSBO	RNE	20 DATE KNOWN MON' OF ESTI DEATH MATED 1	h Doy Yeor	25 HOUR
91 / 102	3 9	EX 4 RACE	S. DATE OF I	BIRTH	6. AGE (In years	IF UNDER 1 YEAR	1F UNDER 24 HRS.	2c DATE PRONOUNCED DEAD	2 20 110	
ny delay 2, and 3 PM3 P]	Male White	11-1-	49	lost birthday,	MONTHS GAYS	HOURS MIN	December II.	Yeor 1968	2d HOJR 6:50 P.M
		BIRTHPLACE (State or foreign			8. MA	RRIED NEVER MA		JNTY OF DEATH		
form form	F-1-8	ricord Co. Maryla	2.1) 641	it.			ORCED 🗌	CECIL		Md.
hours ofter death tem 18. Give Poges Office olong with for 1 ond 2 with the Stote after death.	10	ITY OR TOWN OF DEATH Elkton		NAME OF HOSPITA street oddress) Union Ho		l (If not in hospito	ส้นกาด most o	CCUPATION (Kind of work don if working i fe, even if retired		INESS OR
s ofter 18. Gru colong with t	13 ₀	USUAL RESIDENCE (Where	deceased lifed if inst	itution. Res dence	before 13c CITY		13d INSIDE CITY LIMITS?	13e STREFT AND NUMBER		
18 o		draission) STATE Md		Harford		st Hill	YES NO 🔀		ton Shop 1	Road
14 hours in Item is Office s Tond 2	. [4.]	ATHER'S NAME First	Mide Mide		POT NE	IS. MOTHER S MA	IDEN NAME First	Trene	YALE	t
JNER: This certificate should be executed within 24 hours after death be certificate, writing the word "pending" in pench in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit perguit, file pages I and 2 with the State Denotion, ar removal, and in any event, within 72 hours after death.		WAS DECEASED EVER IN U.S. A es, no, or unknown) (II	RMED FORCES? yes give wer or dates of service	16b. SOCIAL SECT			n M. Osbor	IOU C. CI	Shop Road	1050
ed v	Г	18. CAUSE OF DEATH (En	ter only one cause per						APPROXIMATE BETWEEN ONSET	INTERVAL AND GEATH
xecuted anding in Medical E		PART I DEATH WAS	CAUSED BY MMCDIATE CAUSE (0)	Cereb	ro-cran	ial inju	ries			
E T M C T T T T T T T T T T T T T T T T T		8/6.0 Conditions, if ony, which		OR AS A CONSEQUE	NCE OF					
d be d 'p Chie frons		rise to immediate couse	(o), (b)—	AD AS A CONCEOUS	NET OF					
should be exc te word "pend to the Chief Me burial-transit p		stating the underlying a lost.	buse (c)	or as a conseque	NCE OF					
is certificate to, writing the forwarded to forwarded to e used as o bremoval, and	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH B	JT NOT RELATED	to the terminal i	DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)		
certifi orwar used moval	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION WAS PERFO	FOR WHICH OPE	RATION			20 AUTOPS	(?
his ofte, of the form	RTIFI								YES 🗍	K ON
UNER: The certifico se certifico should be files. 3 should to ar notion, ar		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBU	TING TE HOUR	OF INJURY Month D				re of injury in Bort 1 or Port		1
INER shoul shoul files.	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED	7:35	P.M 12-10		Driver i		tich broke gua	rdrail and	State
	_	WHILE NOT WHILE X	factory, office build Conowing	o Dam		Rte. 1	OI K.I D. NO	City or Town	Decil	Md.
Page Page Page Page Page Page Page Page		22a. I certify th	at I took charge of	the remains de	scribed abav	e, held an Aut	opsy, ln:	spectian X, Inquiry	and in m	ny apinian
Se e e e e e e e e e e e e e e e e e e		death resulted fro	om: Noturol <u>c</u> a	uses A	cident X,	Suicide,	Homicide	Undetermined monn	er 🔲	
please e l director retained i DIRECTOR to bu		ACTUAL CL	101	1 (3	p	Printers and the Printe	HEF MEDICAL EXAMIN			
Y, Py, Py Se r SAL Se r prio		SIGNATURE	The state of the s	· 9	- Tel		S STANT MEDICAL EXA		ATE SIGNED	(0
FO DEPUTY DICAL EXAM Mecensory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S Ch.	arles S. S	pringate	, M.D.		PUTY MEDICAL EXAM DRESS(Street, city, to		er 12, 19	58
5 = = 2 T =		BURIAL, CREMATION, REMOVAL (Specify)	230 DATE 14,196		ME OF CEMETERY	OR CREMATORY		LOCATION (City or Town) DEI Him Harbard Co		itate)
٨	24.	FUNERAL DIRECTOR	- w.	Brondon	MODRESS: am	s Str	250 REC D BY RE	G STRAR 2Sb REGISTRA	R S SIGNATURE	
VR A15ME (5) TOM REV 1 68	634	oseph william F	Br	El Hir man	Just 21	014	DATE DEC 1	6 1968 gely	well Judy	pe
020		Tracks engineer.	Trave					T T	0 0	



j j		A PAISION	OF VITAL RECORDS,			-	AND 21201	44110
FOR STATE		The state of the s	MEDICAL EX	AMINER'S C	ERTIFICATE	OF DEATH		17443
HEALTH DEPT.		ECEASED NAME First		Middle	Last		20 DATE KNOWN Mont	h Day Yeor 2b HOUR
is ge to	١ '	Type or Print) EARL	THA	ADDEUS	PICKE	LL	OF ESTI- DEATH MATED X 12/	/30 1968 3:30
deloy ment	3 5	EX 4 RACE	S DATE OF BIRTH	6 AGE (in years	F UNDER I YEAR	EF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	2d HOUR
		male white	Sept. 7.18	90 78 YR	MONTHS DAYS	HOURS MHN.	Month Day December 30	Year 4:30
a a		BIRTHPLACE (Stote or foreign 7)	CITIZEN OF WHAT COUNTRY		RRIED NEVER MAR	RIED 9 COU	NTY OF DEATH	VOI
ormo	€aur	Pennsylvania	U.S.A.		_	RCED 🗍	Cecil	M
Poges of the foot		CITY OR TOWN OF DEATH	II NAME OF HOS	PITAL OR INSTITUTIO	N (If not in haspital	12a. USUAL OC	CUPATION (Kind of work dans	126 KIND OF BUSINESS OR
-		Elkton	give street addres	n Hospita	1	during most of	working te, even fretired.) INDUSTRY
ofter of Giveng with the with the	13a.	USUAL RESIDENCE (Where decease	d lived, if institution: Reside			L INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
un#— JE Jul 19 /	Î	dmissian) STATE Dennsylvania	13% COUNTY	Ouar	rysville	YES 🔲 NO 🔯	R.D. 3	
Office Of		ATHER'S NAME First	Middle	lost	15. MOTHER S MAID	DEN NAME First	Middle	Lost
7 C W 10 10		Scott	Pi	ckell		אינו פייי	,	Keen
hin 24 ninetisi ninetisi pages hours	160	WAS DECEASED EVER IN U.S. ARMED FO	ORCES? 166 SOCIAL		17 INFORMANT	· F	A ADDRESS C	/
within pencil xamine ile pag 72 hou	1,	es, nq, or unknown) (If yes give w	er or dates of service)		STATE 4	blice	WORTH E	457 McL
- 53 16		18 CAUSE OF DEATH (Enter on y	one cause per line far (a), ((b), and (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in inef Medical E. ansit permit. F. event within		PART 1 DEATH WAS CAUSED	nv		otic Car	diovascu:	lar Disease	SCHOOL SUSCIENCE
Mer per per per per per per per per per p		4129	DUE TO, OR AS A CONSI					
be exi "pend iief Me insit po		Conditions, if any, which gove	(b)					
Para Para Para Para Para Para Para Para		rise to immediate cause (a), { stating the underlying cause (DUE TO, OR AS A CONS	EQUENCE OF				
This certificate should be e cate, writing the word "per be forworded to the Chief I be used os a burial-transit ir removal, and in any even		last.	(e)					
s certificate si s, writing the forwarded to used as a bu smoval, and ii		PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED	TO THE TERMINAL DI	SEASE OR CONDITIO	N G VEN IN PART 1(a)	
fico ing ing ing ing ing	25	4 02.	-					
certification or write or work	ATIOI	190 DATE OF OPERATION		T ON FOR WHICH OF	ERATION			20 AUTOPSY?
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This filterte, d be found be to		210. EXTERNAL CAUSE WAS	21b TIME OF INJURY Man	th, Day Year	21c HOW INJURY OCC	(URRED (Enter natu	e of injury in Port 1 ar Port 2	, Item 18.)
INER: Te certific should b files. 3 should cotion, or	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	19				
	ME	21d INJURY OCCURRED 21e. PI	ACE OF INJURY (At hame, fa	rm, street,	21f, LOCATION Street of	or R F D No	C.ty ar Town	County State
XAM tte the ge 4 your your crem		AT WORK AT WORK	ary, office building, etc.)					
bical examiner: se execute the cert sctor. Page 4 should ned for your files. ECTOR: Poge 3 shou		220 certify that I to	ok charge of the remoin	is described obov	e, held an Autor	psy 💢 , ins	pection , Inquiry	and in my opiniar
ICAL I exector. Por Port of for CTOR:		death/lesulted fram:	Notural causes X		Suicide .	Homicide	Undetermined monni	
pleose er l director. retoined L DIRECTOR		(11111 110	1	2	CHIE	F MEDICAL EXAMINE	R 🗆	
TY, ple red direct district di		SIGNATURE	nypu	15		STANT MEDICAL EXA		TE SIGNED
EPUTY SSSOTY, F funeral oy be r INERAL		V	()		- IN. D.	JTY MEDICAL EXAMI	_	L2/31/68
		NAME (Type)Werner U.	Spitz, M.D.		ADD	RESS(Street, city, to	wn, or county)	
the of Heal	23a		DATE 23c	NAME OF CEMETER	Y OR CREMATORY	1 8 0 23d.	AOCATION (City or Town)	(County) (State) /
		BUPIRI 1	2/69	Lew Hou	time 1	. 4	tran Ishuros	houshot
	24	FUNERAL DIRECTOR Tales	CG Steer	C-RADDRESS,	00.	25o. REC'D BY REC	1 // 1 /	R'S SIGNATURE
VR A15ME (5)	10	Labore Ind. Ja	Tunis Callot	The M	Mr. Wand	DATE AN 9	1969	0 0

MARYLAND STATE DEPARTMENT OF HEALTH



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100	7	2	It	eml Film 3.08 1	/17/69 kk		CERTIFICATE OF		KE, MAKTLAND 2120	7444	
	2 82	1	<u> </u>	CEASED NAME First	7-17-7 1504 2	Mrddle	Lost		DATE OF DEATH	26, HOL	IID
	rs after death. the funeral and 2 and 2 resafter death.		{	ype or print) Will	iam Henry	M/	Purdy		Month	Boy Year 1.50	
	in the series	1	3 SI		4 RACE	7.7	5 DATE OF BII		6 AGE (In years	IE UNDER 1 YEAR I JE UNDER 24	HRS
	ov the fur			fale	White		Sept.	11. 13	lost birthday)	IRS. MONTHS DAYS HOURS	MIN
	=	A	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	UNTRY?	8 MARRIED NEVER MARI		UNTY OF DEATH		
	24 hrd in pers. 72 h			aryland	U.S.A.		_	CED [Cecil		Md
	equires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages I and burial-transit permit.			TY OR TOWN OF DEATH	11. NAME OF	add ac a l	TITUTION (if not in hospital	120. USUAL OCC	CUPATION (Kind of work de	12b. KIND OF BUSINESS OR	
	with, bon wit			kton	give street of Unito				working if even if retire Governmen		
	ted plei	7	odm	USJA. RESIDENCE (Where deceases, State	ed lived, if institution. Re	esidence before		13d HANDE CITY E WITS?	13e STREET AND NUMBER		
	can can	1	the state of the s	aryland			Chesapeake	Re ET Tho C	Cecil St	•	
_	and rem		14 1	ATHERS NAME First	M ddle	Lost	IS MOTHER S MA		Middl		
1	ian ise		16n	WAS DECEASED EVER IN U.S. ARA	Henry Lists	Purd	/	Mary	Addres	Way	
(8	physician nen please		Y	es, no or unknown) (If yes give w	ar or dates of survice)		Mrs. It	hal n		Ma espeake Tity	•
-	da ph		H	18 CAUSE OF DEATH (Enter on	v one rouse per line for	(a) (b) and (c))		1101 /	TOURISM . COLO	APPROX MATE INTERVAL	}
	ne death ce attending p permit. The			PART I. DEATH WAS CAUSEI	BY Pin	CCC	CORONDO	y oce	LUSION	BETWEEN ONSET AND DEATH	4
	e de atter			4100	TE CAUSE (o) DUE TO, OR AS A CO	DISEOUENCE OF	0,07772	/		TIVOUR	_
	the the saft p			Conditions, if ony, which gove		CONIC 1	LUPERTENS	WE C	-V. DISEN	SENEL	92
	that in. by 1 rans			rise to immediate couse (a), stating the underlying couse.	DUE TO, OR AS A CO		7		- 132 //	YEARS	
	equires that physician. signed by burial-tran			lost.	(c)						
	4. The law requires the ar attending physician the has been signed by use as the burial-tra salth prior to burial, cre			PART 2 OTHER S GNIFICANT COM	DITIONS CONTRIBUTING T	o Death But No	T RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(0)		
	w rading		8	t >							
	e la litera la l		CERTIFICATION	190 DATE OF OPERAT ON 196.	CONDITION FOR WHICH OP	ERATION WAS PER		at.	205 1F YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING	
	e har all		ERTI	210 ACC DENT WAS UNDERLYIN	G 216 TIME OF INJUR	10	YES _	NO DEC			
	IAN ral of fical far far		S	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Mon	th Doy Year	ZFC HOW INJURY DEE.	JKKED (Enter notur	re of injury in Port 1 or Por	1 2, Item 18)	
	YSIC aspi cert hed hed		MED	(If either, notify medical examinated 11d INJURY OCCURRED 21e.	PLACE OF INITIRY YAT HOS	19 AE, EARM, STREET, FACT	ORY 1 21f LOCATION Street	or RED. No.	City or Town	County State	_
	PHYSICIAN: The law requires that the death certified has pited at attending physician. This certificate has been signed by the attending phetached far use as the burial-transit permit. Then Bept. af Health prior to burial, cremation, ar remayor			While Not while of work	OFFICE	BUILDING, ETC	1 211 COCHION SHOOT	- / (City of town	CORINA 21016	
	ATTENDING etained by th CTOR: After I shauld be d ith the State			22a. I certify that (!) (thi	s haspitalLattended	the decease	d frame EC//	1960 0	10/25/20	1568 , that (I) (we)	last
	A Paragraphic A Paragraphic S and S			saw the deceased a	ive on /	۱رار	and that in my) (🗪 apinian	death accurred on the	date and hour and fram	the
	TOR TOR Theu			causes stated above	(J) (we) (did) (did n	at) view the b	ady after death.				
	OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certifica je 3 shauld be detached far led with the State Dept. of He			220 SIGHATURE	Hour V.	S Comment	ATTENDING PHYS	MED DIRECTO	STAFF	121 DATI-SIND 160	/
	AL CONTRACTOR	,		22d. PHYSICIAN'S		2	22e-ADDR		DR LJ PHYS LJ	1 6	_
	ERA ERA Dr. P			NAME (Type) HE	URY VIL	AUS	(71) CH	ESAPE	SAKECIT	7 /1/0.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld-be detached for use as the shauld be filed with the State Dept. of Health prior ta		230	BURIAL, CREMATION, 236 [23c NAME OF C	EMETERY OR CREMATORY	23d	LOCAT ON (City or Town)	(County) (State)	
	5 5 5 A			BEWOAY (POR LA) 15	/24/68,	A COLUMN TO THE REAL PROPERTY OF THE PARTY O	l Cemetery			cil Md.	
		BR	_	FUNERAL DIRECTOR	E Bleck	ADDRESS		2So REC D BY REG		AR S S GNATURE	
	45M - 1/	ROLL		Hicks Grand	or Funera	13, 1,1	kton, d.	DATE DEC 3	1 1968 80	corles Judge	





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17446 CERTIFICATE OF DEATH 17435 death. PLACE OF DEATH
o. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Cecil CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ELENGTH OF STAY IN 15 The law requires that the death certificate be executed within 24 hours Locust Point d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Union Hospital YES NAME OF First Lost 4. DATE Month Dov DECEASED (Type or pant) Cornelius DEATH 5 SFX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years 7 MARRIED birthdoy) Months Hours WIDOWED DIVORCED 1/22/06 Male 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if ret red) INDUSTRY COUNTRY Wisconsin
14. MOTHER'S MAIDEN NAME LUNIBING Plumber 13. FATHER'S NAME burial, cremation, ar removal, Mamie 0.6319 Frank Shanahan 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 15. WAS DECEASED EVER IN 3.5 ARMED FORCES. (Yes, no, or unknown) (Iffwes give war or doles of service) 555-01-7734 Mrs. Cornilus F. Shanahan-above 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MYDUARDIAL IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), DUF TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO IS O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or lown) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bidg., etc.) at work 21. I certify that (I) (this hospital) attended the deceased fram 1966, 19, ta present, 19, that (I) (we) last saw the deceased alive an 1968, and that death accurred at 118 M, fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 12/18/68 XXXX Wilmington, N.C. Del. Riverview Cemetery 256 REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTM	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STR CERTIFICATE OF	
1.	DECEASED NAME First Middle Last	20. DATE OF DEATH 25 HOUR
	(Type or print) BERTHA A. SMITH	Dec. 119 1988 10-8 M
3	EX 4 RACE S DATE OF BII	
L		94 YRS.
70	BIRTHPIACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARI NEVER MARIED NEVER MARIED DIVOR	RIED 7. COUNTY OF DEATH CEC 1
10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) R.D. 1	during most of working life, even if retired) Registered nurse 12b KIND OF BUSINESS OR INDUSTRY HOSpital
13	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before north East North East	YES NO IN 130 STREET AND NUMBER
14	FATHER'S NAME First Middle Lost IS. MOTHER'S MA Edward B. Smith	Hanna Guthrie Lost
3:	2. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, onyoknown) (If yes give war or deless of service) 215-56-3467 Melvin	A. Smith North East, Ma.
	DUE TO, OR AS A CONSEQUENCE OF Lost on the underlying couse (c) Canditions, if any, which gave use to immediate cause (a), stating the underlying couse (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH Same
MONTH	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTO YES YES	PSY? NO CAUSES OF DEATH?
aren car e	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19. P.M.	URRED (Enter nature of injury in Port 1 or Port 2, Item 18.) st ar R.F.D. No. City or Tawn County State
	While Nat while of work 220. I certify that (I) (this hospital) ottended the deceased from saw the deceased alive on 19 5 and thot in (m' couses stoted above, (I) (we) (did) (did not) view the bady ofter deoth. 22b SIGNATURE DEGREE ATTENDIN PHYS. 22d. PHYSICIAN'S	y) (our) opinion death occurred on the date and hour and fram the
2:	BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY St. Mary Anne's	23d LOCATION (City or Town) (County) (State) North East, Md. Cecil Md.
2	FUNERAL DIRECTOR Paul B. Crouch ADDRESS Box 22 Frant Funeral Home Rosech North East, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

• 1 . . . + . -.

		17437		5, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	
L				CERTIFICATE OF DEATI	17	448
I.		EASED-NAME First po or print)	Middle	Last	2a DATE OF DEATH Month Day	2b. HOUR
L		Lyman		Spence	Month Day	- 1968 8:40/3M
3.	SEX		4 RACE	S DATE OF BIRTH -	6 AGE (In years	F JNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOUR, MIN
L		Male	White	arch 31.	1333 last birthday) YRS.	MONTHS DAYS HOURS MIN
70	a Bl	RTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MARRIED	9. COUNTY OF DEATH	
	000	aryland	U.S.A.	WIDOWED 🔀 DIVORCED 🗀	Cecil	M.d.
	El	y or town of death. Aton	give street address).	pital during	SCA. OCCUPATION (Kind of work done most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
13	Bo. L	SUAL RESIDENCE (Where decease	sed lived, if institution. Residence before	_		
_		ry Land	13b COUNTY 11	Elkton YEE	NO□ 101 Stockto	on St.
14	4. FA	THER'S NAME First	Middle Lost	IS MOTHER'S MA DEN NAM	E First Middle	.ost
		George	R. Spenc	e An	na Jaria :	TeCullough
1	60. 1	VAS DECEASED EVER IN U.S. ARN 5, na, or unknown) (If yes give w	MED FORCES? 166 SOCIAL SECURIT	Y NO 17 INFORMANT	Address	
		TO TO	213-12-	0928 "rs. Ralph	E. Hicks, Elkto	
ĺ		B. CAUSE OF DEATH (Enter an	ly one cause per one for (a), (b), and (())		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-	PART I. DEATH WAS CAUSED IMMEDIA	D BY. ATE CAUSE (n) Arteriosel	(1) Veritic Heart I	181251	Years
	-1	4/24	DUE TO, OR AS A CONSPOUENCE O			
П	(onditions, if any, which gave	(b)			
L	- 1	ise to immediate couse (a), toting the underlying cause(DUE TO, OR AS A CONSEQUENCE O	F		
Ł		151. 4200	(c)			
ı		PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(o)	
Ŀ	-1	1. Ca ascend	1	motastases. 2.	A .	an- Heryddina
1	} } }	90. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS F	PERFORMED 200 AUTOPSY?	Huemis, Bevere, 1 20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
i i	LEKIIPICALION 1			YES NO		
		IG ACCIDENT WAS UNDERLYIN	IG 216. TIME OF INJURY	21c HOW INJURY OCCURRED (F	nter nature of injury in Part 1 or Part 2, its	em 18)
NIC AL		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yea	r 19		
1212	Ĕ	21d INJRY OCCURRED 21e.		ACTORY.) 21f LOCATION Street or R.F.D.	Na City or Town	County State
	a	While Not while I	(OFFICE BUILDING, ETC.	1	,	
		20. I certify that (I) (thi	is haspital) attended the decea	sed from 11-30 - 19	16 K, to 12-5-, 196	that (I) (wa) lost
		saw the deceased al	live an 13->	19 CS, and that in (my) (our) o	opinion death occurred on the dat	e and hour and from the
	-		e, (I) (we) (did) (did nat) view the	bady after death		
	2	26 SIGNATURE		ATTENDING -	MED STAFF 22c. Di	ATE SIGNED
	_	Vellere	www. Keeun	2 DEOREE PHYS.	DIRECTOR PHYS 1	2-5-68
	2	2d. PHYSICIAN S NAME (Type)	511	22e. ADDRESS	11 011	. /
	-		non W Johnson		nserly itve Elkter	, Md ,
23	a E	LRIAL (REMATION, 23b C		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
-				y Iill Teth. Ce		Fill, ac.
-		INERAL DIRECTORS OF	Funerals, 11		D BY REG STRAR 25b REG STRARS S	
	24	icks /ome ft	or Funerals, 11	DATE DATE	EC 13 1968 JClio	what Inda





MARYLAND STATE DEPARTMENT OF HEALTH 17439 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7450 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR Month 12 (Type or print) Doy 19 Yeo 68 THREATT CLYDE V. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER I YEAR IF LINDER 24 HRS day birthday) White Male 12-11-11 oon papers. Pag within 72 hours 7o, BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED MEVER MARRIED 9. COUNTY OF DEATH Cecil North Carolina U.S.A. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within veterans attending physician and campletely fermit. Then please remave carbon during most of working life, even if retired.) INDUSTRY Administration Perry Point and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY YES 🖂 2053 Westminister Avenue Jersey Camden 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Magum Threatt Hattie Vanass 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes no, or unknown) or remayal, 294-03-0737 VA Hospital Records, Perry Point, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) (Trachea & Bronchi) by food particlar and Ceath PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Complete obstruction of air passageways sudden burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Recurrent epileptic seizures Conditions, if any, which gave) burial-transit rise to immediate cause (a). ģ Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes Skull fracture, old (1952) following a seizure PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖂 YES DE 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ATTENDING PHYSICIAN: 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) 21d. INJURY OCCURRED 23e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City of Town State County While Not while of work 220. I certify that XIX (this haspital) attended the deceased from April 22, 1957, to Dec. 19, 19 was the school of the dot on the director, page 3 shauld shauld be filed with the couses stated above, (I) (we) (did) (did not) view the body after death. 27b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. OON QU M. D DEGREE 12-20-68 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) L. MOONEY, M.D. VAH. Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) Forest Laun (emetery 9 hardotte, N.C. 2Sb. REGISTRAR'S DATE DEC 30 VR A15 (4) 45M - 1/69 Son, Perryville, Md.

All the day of the same editor elen 1 List Locks Occulias Colinson nollumentation constat fulci esset (while of the Pool to a faithful available 1.11 . I gitte diese just bestelling der eine AV gegen diese in gegen in depute - systematorists to softers many setand the second of the second o pertable a substitute (50%) has promisent block Manager 49 Eliver - TV - The Attachment of . H. Harris Canal Laborator Sand, Essen . E. . reaged 12-21-150 reaced large country furthering her. THE C. LEWIS CO. LANS CO. LANS VILLE WITH SER STREET, AND LAND

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item8 FilmGh07 12/23/68 kk CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death he funerol and (Type or print) Raymond Zentz December 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. DAYS last birthday) White Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED Tillinois U.S.A. DIVORCED WIDOWED [7] Cecil withi and campletely fille remove/carbon pa 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Elkton Mospital 1 on 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 136. INSIDE CITY LIMITS? odmission) STATE 13b COUNTY YES T 118 West Main St. Elkton 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Allen Zentz Groth Catherine the ottending physician sit permit. Then please ond 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) cremation, or removal, 388-07-0365frs. EstellenP. Zentz. Elkton. APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-fronsit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE & O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspitol or ottending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) os the l O FUNERAL DIRECTOR: After this certificate hos been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F far use Health YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of (If either, notify medical examiner) P.M. be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from LUC. 26, 19 63 to KUC 7, 1968, that (1) (we) last saw the deceased alive an local field (did not) view the bady after death. _1968, and that in (my) (our) apinion death accurred on the date and have and from the 3 should director, page 3 should should be filed with the 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR 22e. ADDRESS 228. PHYSICIAN'S Medical Park, Elkton, Md. oseph G. Lanzi NAME (Type) Elkton 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Baltimore, Md. 12/ Baltimore National 250. REC'D BY REGISTRAR APINPESS 2Sb. REGISTRAR'S SIGNATURE VR A 3 (4) 30M REV, 1/68 13 Elkton. Md. unerals.

MARYLAND STATE DEPARTMENT OF HEALTH

